



## 2018-2019 School Year ProStart® Student Workplace Validation Form

Students who have completed their *Student Work Experience Checklist* must include this form, signed by the **State Restaurant Association ProStart Coordinator**, as verification of work hours. Upon processing of this form and verifying the student passed both Level/Year 1 and Level/Year 2 Final Examinations a *ProStart National Certificate of Achievement* will be issued and mailed back to the student's home address listed on this form. Please e-mail/mail/fax this form, along with the *Student Work Experience Checklist, competency checklist and verification of work hours* to:

**Patricia Halper, Executive Director, Ohio Restaurant Association Education Foundation  
100 E. Campus View Blvd., Suite #150, Columbus, Ohio 43235-4636**

**IT IS IMPORTANT THAT THE NAME LISTED BELOW MATCHES THE NAME IN THE NRAEF'S COMPUTER  
PLEASE PRINT CLEARLY!**

<b>Student Name:</b>	<b>Soc. Sec. # (last four digits):</b>
<b>School Name:</b>	<b>Educator Name:</b>
<b>Student Home Address:</b>	<b>Student City, State, Zip:</b>
<b>Student Cell Number:</b>	<b>Student Email Address:</b>
<b>Level/Year 1 Examination Grade:</b>	<b>Level/Year 2 Examination Grade:</b>
*Worksite(s)	
Employer Name:	
Address:	
City, State, Zip:	
<b>DO NOT WRITE BELOW THIS LINE.</b>	
1. Was an employment agreement outlining the terms and conditions of the student's internship signed, on file and adhered to during work experience?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has student provided proof of at least 400 hours of hospitality-related work experience? (This proof can be submitted by copies of pay stubs or in letter form from the employer) *Alternative internship hours must be approved by State ProStart Coordinators, and must involve ProStart workplace competencies or learning objectives.	2. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Alternative Hours:</b> <b>Regular Hours</b>
3. Has the student achieved a minimum of 52 of the 75 competencies signed off by the employer(s)?	3. <input type="checkbox"/> Yes <input type="checkbox"/> No <b># Completed:</b>
4. Has the student passed both Level/Year 1 and Level/Year 2 Final Examinations? If not, please do not submit this form!	4. <input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that this student has successfully completed the work experience requirements as outlined by the National Restaurant Association Educational Foundation (NRAEF).

**Signature: Patricia Halper, Executive Director, ORAEF**

Date:

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Level/Year 1 Person ID	Level/Year 2 Person ID
Level/Year 1 Class ID	Level/Year 2 Class ID
Level./Year 1 Answer Sheet #	Level/Year 2 Answer Sheet #